

2020



Introduction & How-To Guide

Welcome to Women and Harm Reduction in Ontario: A Capacity Building Toolkit

This Toolkit was created to strengthen the work harm reduction programs do with women who use drugs. It contains a series of tools that can be used together, separately or in other creative ways. Organizations who use this toolkit should already have a strong understanding of what harm reduction is and be implementing harm reduction programming.

The Introduction & How-To Guide provides information about:

- WHAI and how WHAI works
- How and why this Toolkit was created
- What is included in the Toolkit
- Language used throughout the Toolkit
- Useful links to resources about harm reduction



USEFUL RESOURCES ABOUT HARM REDUCTION

Ontario Harm Reduction Network
ohrn.org

Ontario Harm Reduction Distribution Program
ohrdp.ca

Ontario Drug Policy Research Network
odprn.ca

Best Practice Recommendations for Canadian Harm Reduction Programs that Provide Service to People Who Use Drugs and are at Risk for HIV, HCV, and Other Harms
catie.ca/en/programming/best-practices-harm-reduction

About WHAI

The Women & HIV / AIDS Initiative (WHAI) is a community response to HIV and AIDS among Cis and Trans women in Ontario, with a focus on the structural and societal factors that increase risk for HIV. WHAI works in more than 16 regions across Ontario, and has 3 main goals:

- Reduce HIV transmission among women
- Enhance local community capacity to address HIV and AIDS
- Create environments to support women and their HIV- and AIDS-related experiences

HOW WHAI WORKS

WHAI's objective is to strengthen the capacity of communities to support women living with and affected by HIV, including women who use drugs. WHAI uses a community development approach that aims to build community capacity and amplify the voices and expertise of women who use drugs in this process.

HOW AND WHY THIS TOOLKIT WAS CREATED

This Toolkit was developed as part of WHAI's work to build community capacity. Through community consultations, women who use drugs and service providers identified structural barriers that prevent women from accessing harm reduction services, contributing to increased risk for HIV and poorer health outcomes. In response, WHAI established a working group with partnered agencies across Ontario. This working group reviewed existing resources about women and harm reduction and consulted with women who use drugs and service providers across Ontario to identify key areas of capacity building work. In alignment with WHAI's commitment to GIPA / MIPA (Greater Involvement of People living with HIV / AIDS and Meaningful Involvement of People living with HIV / AIDS), the working group sought feedback from a range of

populations including Black and Indigenous women; women from northern, rural and suburban areas and Trans and Non-Binary people. In an attempt to address any gaps in participation, we also partnered with individuals and organizations from these communities to assist in consulting, writing, and editing this resource.

Overall, this Toolkit was written to reflect the experiences, voices and priorities of women who use drugs. The content reflects what women told our working group and aims to be accessible and useable in a range of creative ways. We hope you find it helpful!

To find out more about WHAI, or to find a WHAI Coordinator near you, go to whai.ca.

What is included in the Toolkit?

Below is an overview of each section of the Toolkit. Each section includes an introduction and some Tips for Use. The Toolkit can be used all together, or separately, depending on local community need. Be creative and adapt the sections to fit your needs. Remember, it is important for any community capacity building work to integrate the experiences and expertise of local women who use drugs. We encourage you to invite women who use drugs to participate and help lead local community capacity building work.

SECTION 1 SNAPSHOT

This section provides an overview of the women who participated in the development of this toolkit. It includes information about what regions women were from, a breakdown of ethnicity, relationship status, parenting status, drugs of choice, modes of use, and overdose prevention information.

SECTION 2 WHAI'S PRACTICES BY WISE WOMEN

This section includes a series of resources that outline practices to help increase women's access to harm reduction programs. The series includes:

- Meaningful involvement of women who use drugs
- Relationship building with women who use drugs
- Women-specific awareness and knowledge
- Program structures



WHO THIS TOOLKIT IS FOR:

This Toolkit was created to support organizations that are already doing harm reduction work and want to strengthen their work with women who use drugs.

SECTION 3

WOMEN'S HARM REDUCTION TOOLS & TIPS

This section provides tips about the supplies women who use drugs find helpful, including harm reduction supplies, sexual health supplies, hygiene and cosmetic supplies.

SECTION 4

JUDGMENT & BIAS CARDS ACTIVITY

This activity includes a series of cards that can be used to generate discussion. Use them in pairs, small groups, or as a large group activity. The activity can be helpful to explore values, feelings, assumptions, and judgments about women who use drugs. Each card includes a statement, discussion questions, and some information that may be helpful in thinking about harm reduction work with women who use drugs.

SECTION 5

AGREE OR DISAGREE WORKSHEET

This is a worksheet that can be used to support organizational capacity building by exploring people's values, feelings, assumptions, and judgments related to women who use drugs. Facilitators should be creative and use the worksheet in different ways, depending on the type of capacity building work being facilitated.

SECTION 6

WOMEN AND HARM REDUCTION ASSESSMENT TOOL

This tool may be useful for assessing how accessible your program is to women who use drugs. As you build your familiarity with women and harm reduction, consider ways to increase accessibility. Remember, building capacity is a process. Implementing small, cost-effective steps can go a long way in improving the health and well-being of women who use drugs.



Language

GENDER LANGUAGE: People have different comfort levels with language, and WHAI strives to find ways to be accessible and inclusive and to reflect the advancement of gender-inclusive language. People have different preferences, and these preferences can change depending on the context, situation, sense of safety, or personal identity. This resource strives to be inclusive of all women who use drugs, including Trans and Cis women, people who are designated or assigned female at birth, people who are female-identified that are Trans or Non-Binary and people that are on the Transfeminine spectrum. The terms “woman” and “women” are often used throughout the toolkit to encompass a wide range of identities, and in places we specify Trans or Cis to help clarify or

remind us of the importance of striving to build inclusivity. At times, the terms “female” and “male” are also used. This reflects how data is gathered in sources we are referencing, in cases where it is referencing sex rather than gender. Regardless of our comfort levels, for the safety of all women and in an effort to create accessible, respectful, and inclusive spaces, it is important to address people by whatever terms they identify with. For more information on WHAI's work toward Trans inclusion and gender-inclusive work, please see WHAI's Trans Inclusion Pocket Guide at whai.ca.

For helpful information on language and terminology, check out The 519's Glossary of Terms at the519.org/education-training/glossary.

CIS: (pronunciation: “sis”) A person who experiences their gender identity in a way that matches the societal expectations of someone with the physical sex characteristics that they were born with. Often shortened to Cis from Cisgender, the use of this term acknowledges that everyone has a gender identity that has a relationship to their assigned sex.

NON-BINARY: A term used to describe gender identity that is not exclusively masculine or feminine.

TRANS: An umbrella term for a person who experiences their gender identity in a way that does not match the societal expectations of someone with the physical sex characteristics that they were born with.



ACB: This is an acronym that refers to African, Caribbean, and Black communities.

DRUG USE: This toolkit uses the term “drug use” to refer to use of any illegal or legal drug or medication, including alcohol and solvents.

HARM REDUCTION: According to the International Harm Reduction Association, harm reduction is defined as “policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption” (International Harm Reduction Association. What is harm reduction? A position statement from Harm Reduction International [Internet]. London, UK: International Harm Reduction Association; 2017 [cited 2017 Dec 1]. Available from: hri.global/what-is-harm-reduction).

Critical elements that inform this approach include 1) putting people who use drugs at the centre; 2) focusing on public health and human rights; and 3) awareness and recognition that social policies and practices can contribute to the harms experienced by people who use drugs (Recommendations for

Building a Harm Reduction & Substance Use Continuum of Care. Gillian Kolla for the TC LHIN. March 2018)

HCV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

STBBI: Sexually transmitted blood borne infections

WHA: Women & HIV / AIDS Initiative

WHA'S PRIORITY POPULATIONS: WHAI prioritizes work with populations including women living with HIV and women who face systemic risk factors for HIV acquisition. This includes ACB women, Indigenous women, Trans women, women who use drugs, women who have experienced violence, and women who have been or are incarcerated. The prioritization of these populations is based on feedback received during our provincial Situational Analysis, as well as epidemiological findings from the Ontario Cohort Study (OCS) and Ontario HIV Epidemiology and Surveillance Initiative (OHESI). For more information on these see ohcncohortstudy.ca and ohesi.ca.



Thank You

Most importantly, thank you to the Trans and Cis women and Non-binary people who use drugs across Ontario who acted as consultants, sharing their experiences to help all of us work to make harm reduction programs more accessible for women. Thank you to the community members who acted as consultants, editors, proofreaders, and gave invaluable input. Your dedication to building community capacity and creating change is inspiring.

This project is the result of many people working together across Ontario to create change. Thank you to the WHAI Workgroup and partner agencies who took leadership roles in this project:

- Regional HIV / AIDS Connection (London)
- Ontario Aboriginal HIV / AIDS Strategy (Ontario)
- Elevate NWO (Thunder Bay)
- HIV AIDS Regional Services (Kingston)
- Peterborough AIDS Resource Network (Peterborough)
- CAYR Community Connections, previously AIDS Committee of York Region (York)
- Moyo Health and Community Services, previously Peel HIV / AIDS Network (Peel)
- AIDS Committee of Windsor (Windsor)
- Réseau Access Network (Sudbury)

Thank you also to the community agencies who supported this work:

- African Caribbean and Black Council on HIV in Ontario (Ontario)
- Black CAP (Toronto)
- Ontario Harm Reduction Network (Ontario)
- Ontario Harm Reduction Distribution Program (Ontario)
- PASAN (Ontario)
- TG Innerselves (Sudbury)

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WHA.CA